

Name  
in  
Full

Christine R Anthony

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

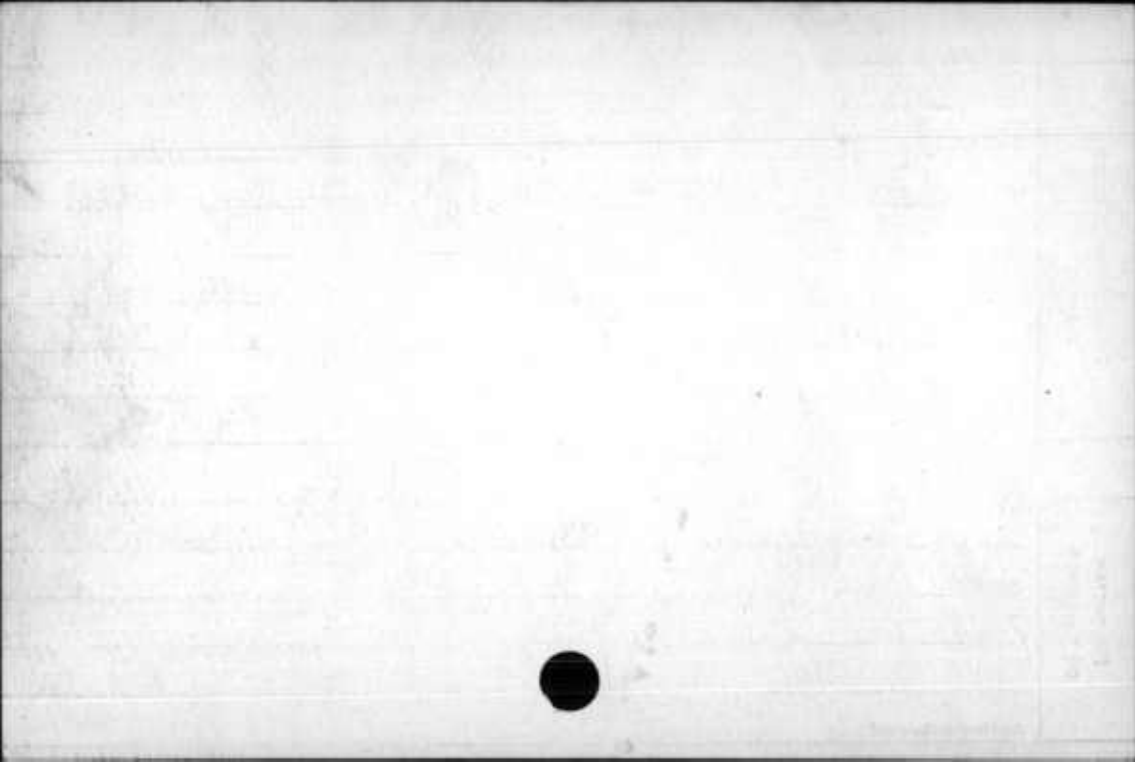
Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Apr</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John D Anthony</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Margaret Marie</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John D Anthony</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho pneumonia</i>	How long	<i>4 Days</i>
Immediate	<i>Same</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Nancy C Tull</i>	
		Address	
		<i>Salisbury Md</i>	
Accident or Suicide?			



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

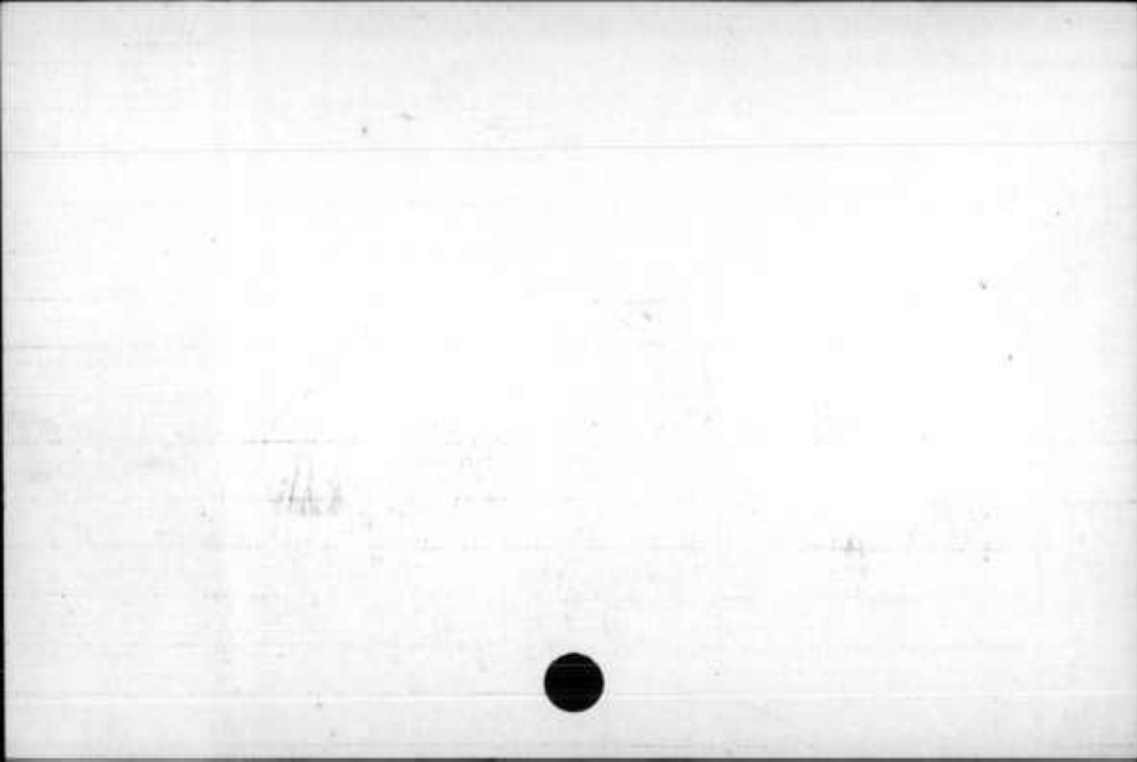
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>25<sup>th</sup></i>	Years <i>75</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>North Carolina</i>		
Occupation <i>Sailor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Bagley</i>				
Father's Name <i>Josiah Bagley</i>	Father's Birthplace <i>"</i>		<i>"</i>		
Mother's Maiden Name <i>Harriette Harrod</i>	Mother's Birthplace <i>"</i>		<i>"</i>		
Name of person giving information <i>Miss Mary E. Bagley</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

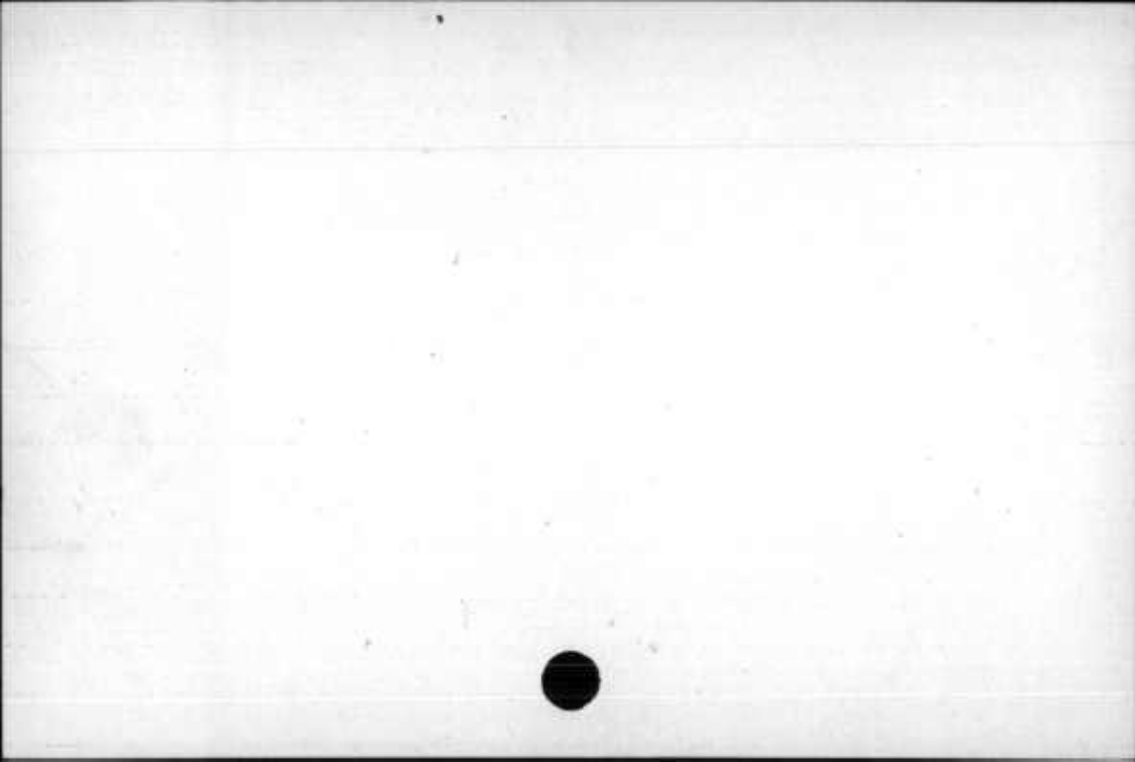
Primary <i>Infirmities of Age</i>	<i>one or two years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Glemons M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name in Full <b>Leon W. Baker</b>		Town <b>Salisbury</b>		County <b>Wicomico</b>		CERTIFICATE OF DEATH	
Died at		Month <b>Jan</b>		Day <b>13</b>		Years <b>42</b>	
Date of death <b>1908</b>		Age <b>42</b>		Months		Days	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Wicomico Co. Md.</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Charles W. Baker</b>					
Father's Name <b>Joshua Bethard</b>		Father's Birthplace <b>" " "</b>					
Mother's Maiden Name <b>Martha Adkins</b>		Mother's Birthplace <b>" " "</b>					
Name of person giving information <b>Benjamin Turner</b>		How related to deceased <b>Son in law</b>					
CAUSES OF DEATH							
Primary <b>Pulmonary tuberculosis</b>		How long <b>1 year</b>					
Immediate <b>Septic exhaustion</b>		How long <b>few days</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes -</b>		Signature of Physician <b>M. Chidish</b>					
		Address <b>Salisbury</b>					
Accident or Suicide? <b>No -</b>		Only saw case right of death					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charlotte Bell

## CERTIFICATE OF DEATH

MARYLAND

Died at near Salisbury

Wicomico County

Months

Days

Date of death 1908 Jan 9

Age 70

Sex Female

Color or Race

Black

Birthplace

Md

Occupation

Housework

Where Reading if not at place of death

Married, Single or Widowed

Widow

Name of ~~Wife~~ or Husband

Jacob Bell

Father's Name

Don't know

Father's Birthplace

Mother's Maiden Name

Nancy Byrd

Mother's Birthplace

Md

Name of person giving information

Annie Washfield

How related to deceased

Daughter

## CAUSES OF DEATH

166

Primary

Infectious Disease, Accident

How long

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Address

Salisbury

PHYSICIAN OR CORONER

The effects of accident

told age

Md.

LIBRARY BUREAU RECORD

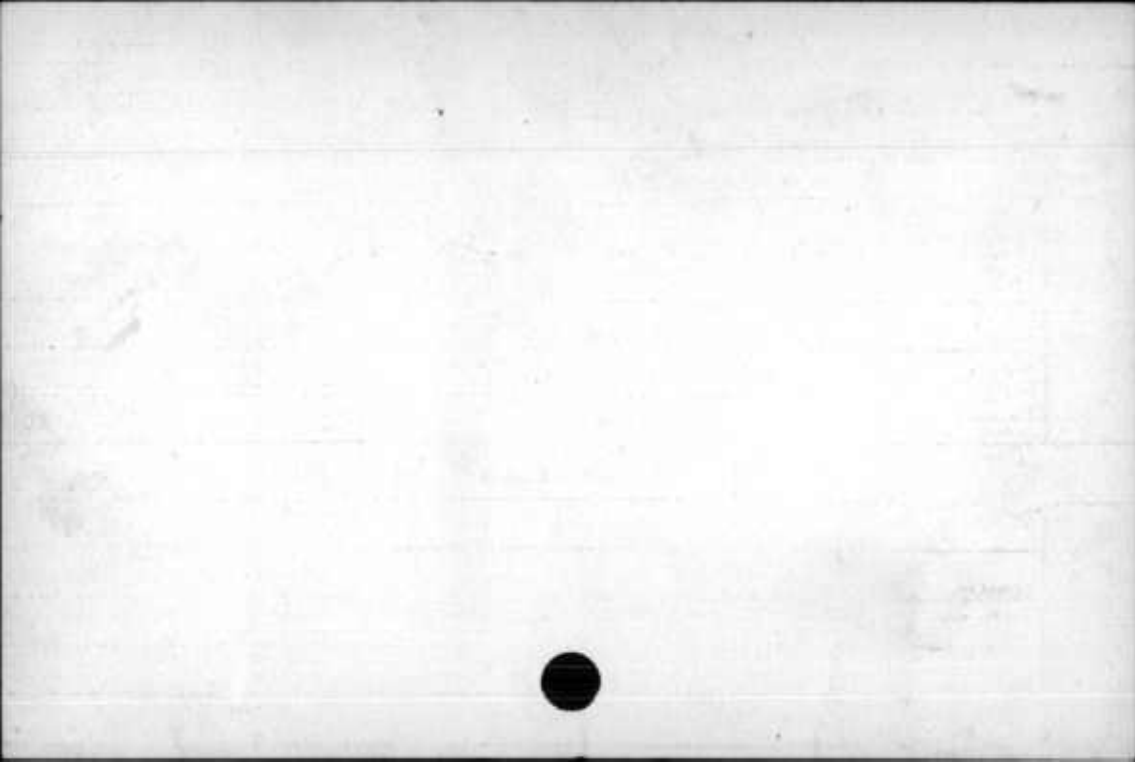
THE  
NATIONAL  
ARCHIVE

PLASTIC  
BINDER  
NO.

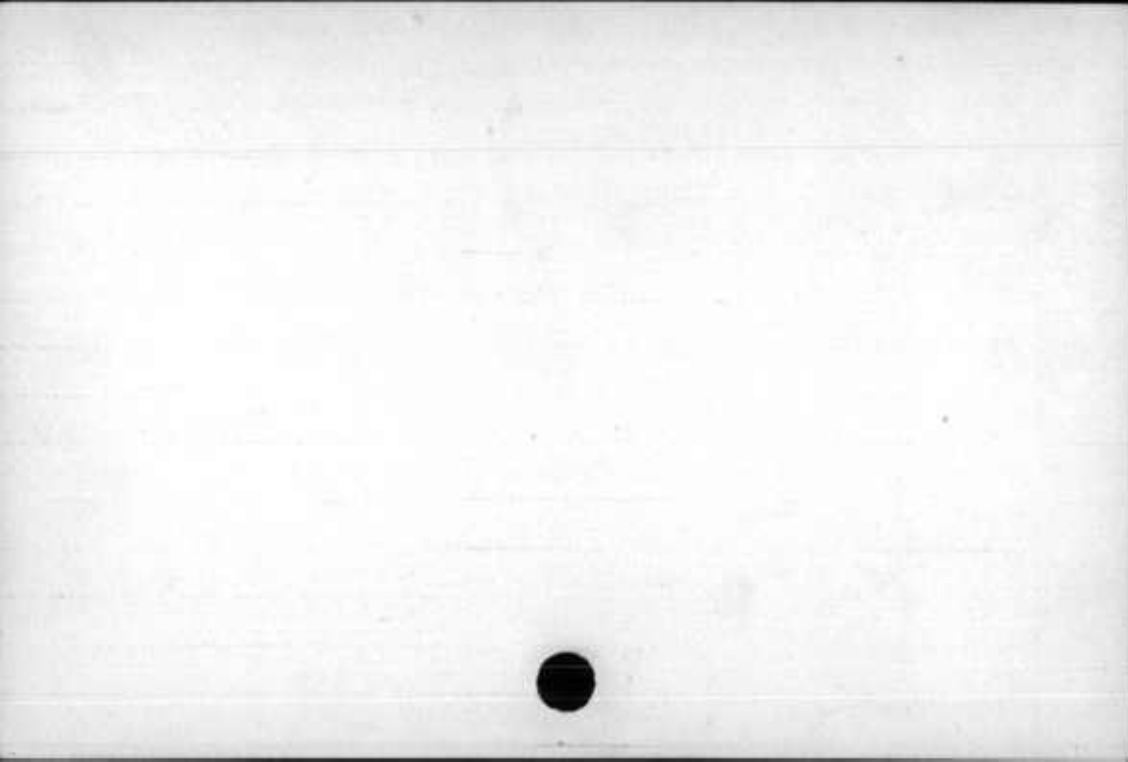




Name In Full		Margaret F. Bradley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Parsonsbury		County Wicomico		MARYLAND	
	Date of death	1908	Month Jan	Day 21 <sup>st</sup>	Age 73	Months 71	Days 21
	Sex	Female		Color or Race	White		
	Occupation	Housekeeper		Where Residing if not at place of death	Port Norfolk Va.		
	Married, Single or Widowed	Widow		Name of Wife or Husband	Levin Bradley		
	Father's Name	Levin Phillips		Father's Birthplace	Dorchester Co. Md.		
	Mother's Maiden Name	Brown		Mother's Birthplace	" " "		
	Name of person giving information	L. W. Bradley		How related to deceased	Son		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(93)</div>							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	2 weeks
	Immediate	Exhaustion				How long	12 to 15 hours
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Geo. H. Smith M.D.		
Address				Parsonsbury, Md. Wicomico Co.			
Accident or Suicide?							



Name in Full		BENJAMIN R. BRANFORD				CERTIFICATE OF DEATH	
Died at		Salisbury		Wicomico		MARYLAND	
Date of death		1908	Month Jan	Day 2	Age 9	Years 9	Months 9
Sex		Male		Color or Race		White	
Occupation		School Boy		Birth- place		Somers Co. Md.	
Where Residing if not at place of death		Westover Md.					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Branford				Father's Birthplace	
Mother's Maiden Name		Sarah M. Bevell				Mother's Birthplace	
Name of person giving information						How related to deceased	
		CAUSES OF DEATH				1	
Primary		Typhoid fever				How long	
Immediate		Intestinal strangulation				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes				3 weeks	
Signature of Physician		[Signature]				5 days	
Address		Salisbury, Md.					
Accident or Suicide?		no					



Name  
in  
Full

Elisabeth Davis

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> near Trinitland~~Wicentia~~

Date of death 1908 Jan

9 Day

Age 77 Years

Months

Days

Sex Female

Color or Race white

Birth-place Md

Occupation Housework

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Harry Davis

Father's Birthplace Md

Mother's Maiden Name Don't know

Mother's Birthplace

Name of person giving information John R Davis

How related to deceased Nephew

## CAUSES OF DEATH

179

Primary Don't know

How long

Immediate No doctor in attendance

How long

Are the name, age, sex, color, date and place correctly given above?

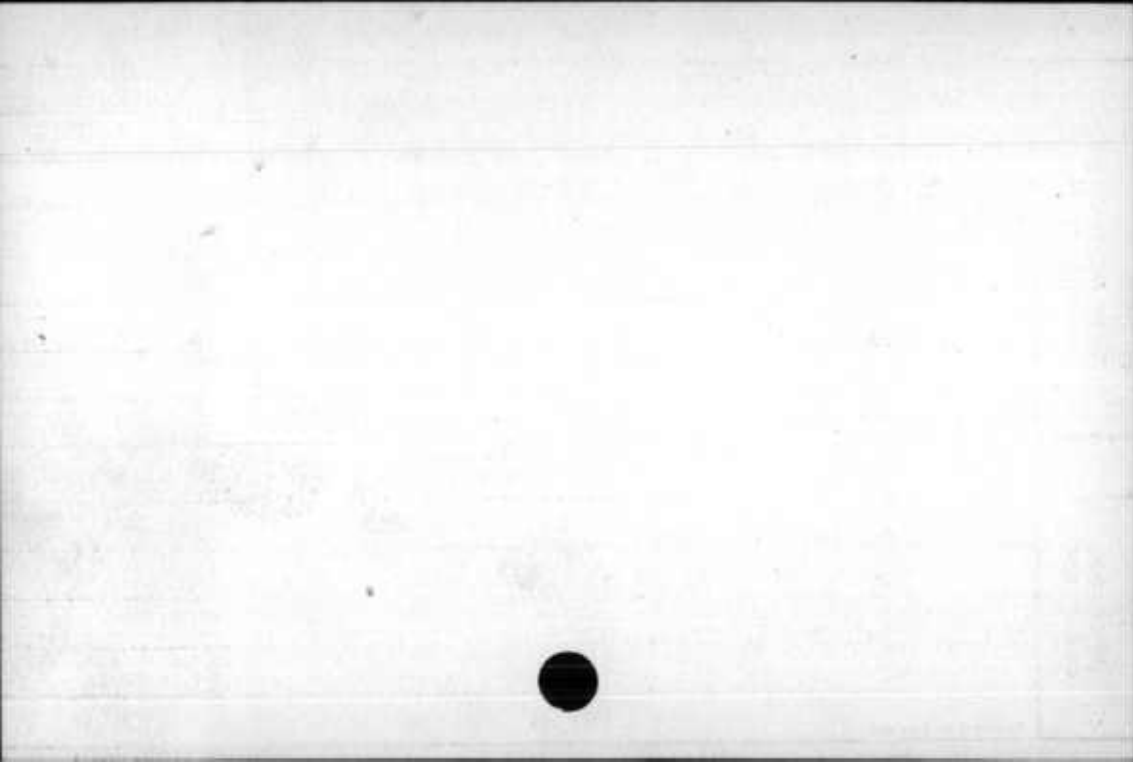
Signature of Physician

Address

W. A. Leaden

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

McKim P. Disharoon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

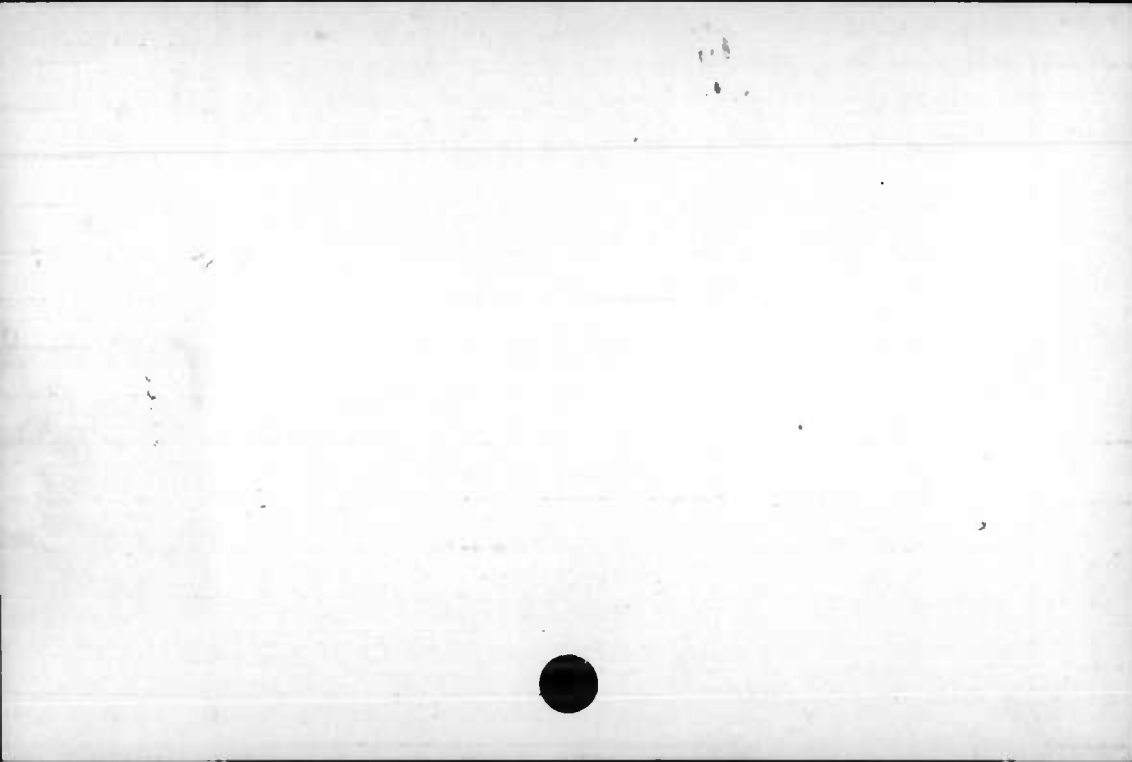
Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> <sup>Month</sup>	<u>24<sup>th</sup></u> <sup>Day</sup>	Age <u>20</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Wicomico Co. Md.</u>		
Occupation <u>Ironer</u>	Where Residing if not at place of death <u>Salisbury Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Thomas C. Disharoon</u>	Father's Birthplace <u>"</u>		<u>"</u>		
Mother's Maiden Name <u>Elizabeth Dove</u>	Mother's Birthplace <u>"</u>		<u>"</u>		
Name of person giving information <u>Mrs. J. C. Herbert</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>General Tuberculosis Pulmonary</u>	How long <u>1 year or more</u>
Immediate <u>General Sarcosis</u>	How long <u>several months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Louis W. Reams M.D.</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide? <u></u>	





Name  
in  
Full

James B Gorman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND			
Date of death	<i>1908</i> Year	<i>Jan</i> Month	<i>5</i> Day	Age	<i>30</i> Years	<i>8</i> Months	<i>28</i> Days
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>		
Occupation	<i>Hardwood finisher</i>			Where Residing if not at place of death	<i>Baltimore Md</i>		
Married, Single or Widowed	<i>Single</i>					Name of Wife or Husband	<i>Annie Gorman</i>
Father's Name	<i>John W Gorman</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Jennie Pool</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>John W Gorman</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

27

How long

Primary

Immediate

*Pulmonary Phthisis*

How long

*1 year*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

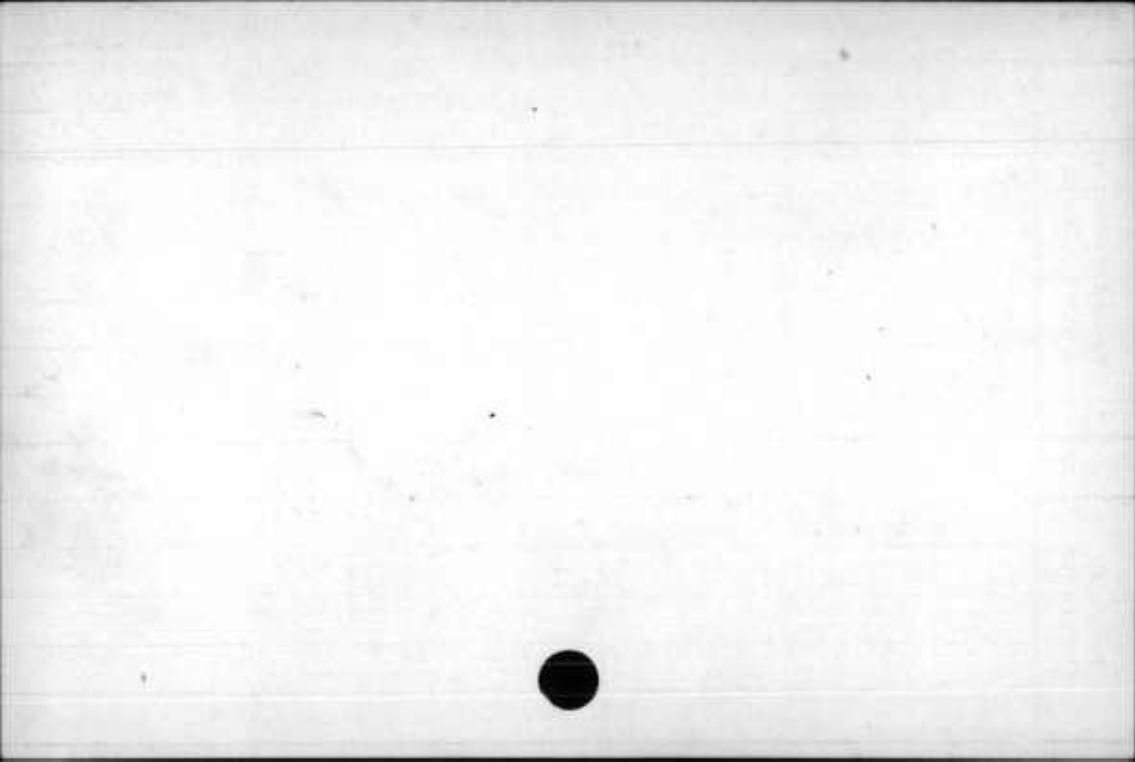
Signature of Physician

*Chas Allen Potter*

Address

*Salisbury Md*

Accident or Suicide?



Name  
in  
Full

Amelia J. Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

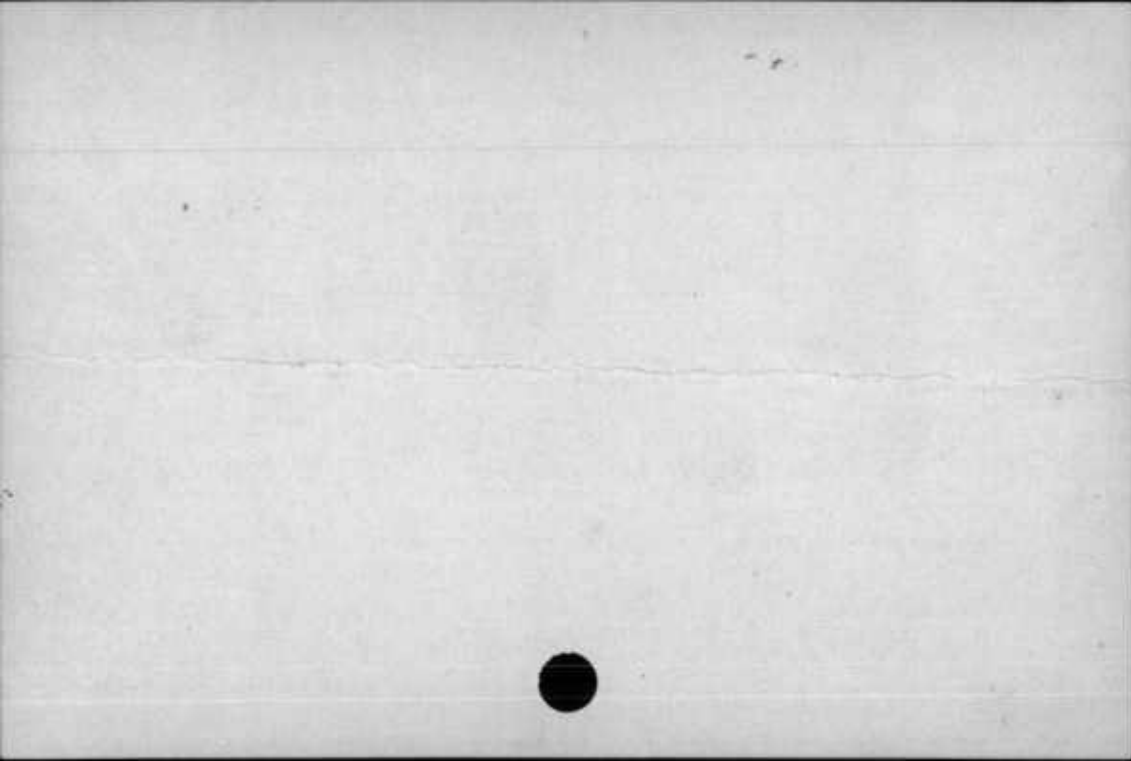
Died at		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>Jan.</i>	Day <i>1<sup>st</sup></i>	Age <i>69</i>	Years	Months <i>11</i>	Days <i>6</i>
Sex	<i>female</i>		Color or Race	<i>White</i>		Birth-place	<i>Delaware</i>
Occupation	<i>house wife</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband	<i>William Elliott</i>			
Father's Name	<i>William Gordy</i>					Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Bettie Hastings</i>					Mother's Birthplace	<i>Delaware</i>
Name of person giving information	<i>William B. Elliott</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>2 years</i>
Immediate	<i>General Debility</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>9</i>		<i>Robert Ellgood</i>	
		Address	
		<i>Delmar</i>	
Abandonment? Suicide?		<i>Natural Death</i>	
		<i>Dr</i>	







Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Shad Point</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>	
		Date of death <i>1908 Jan. 2<sup>nd</sup></i>		Age <i>70</i>	
		Month <i>Jan.</i>		Years <i>0</i>	
		Day <i>2<sup>nd</sup></i>		Months <i>0</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Housekeeper</i>		Birth-place <i>Wicomico Co. Md.</i>	
		Where Residing if not at place of death <i>Shad Point Md</i>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John W. Fields</i>	
Father's Name <i>Thomas Mc. Grath</i>		Father's Birthplace <i>Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Lida Jones</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John W. Fields</i>		How related to deceased <i>son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Carcinoma of liver &amp; intestines</i>		How long <i>Don't know</i>	
		Immediate <i>Emaciation &amp; cachexia</i>		How long <i>several weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis A. Wicomico M.D.</i>	
		Address <i>Conesbury</i>			
Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Delmar</i> Town <i>Wicomico</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>14</i>	Age <i>92</i> Years Months <i>8</i> Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Wicomico Co.</i>	
Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Widowed</i>	Name of <del>Wife or</del> Husband <i>Daniel Foskey</i>		
Father's Name <i>David Mills</i>	Father's Birthplace <i>Norchester Co.</i>		
Mother's Maiden Name <i>~~~~~</i>	Mother's Birthplace <i>~~~~~</i>		
Name of person giving information <i>D. H. Foskey</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONERPrimary *Paralysis*How long *10 weeks*Immediate *"*How long *10 weeks*

Are the name, age, sex, color, date and place correctly given above?

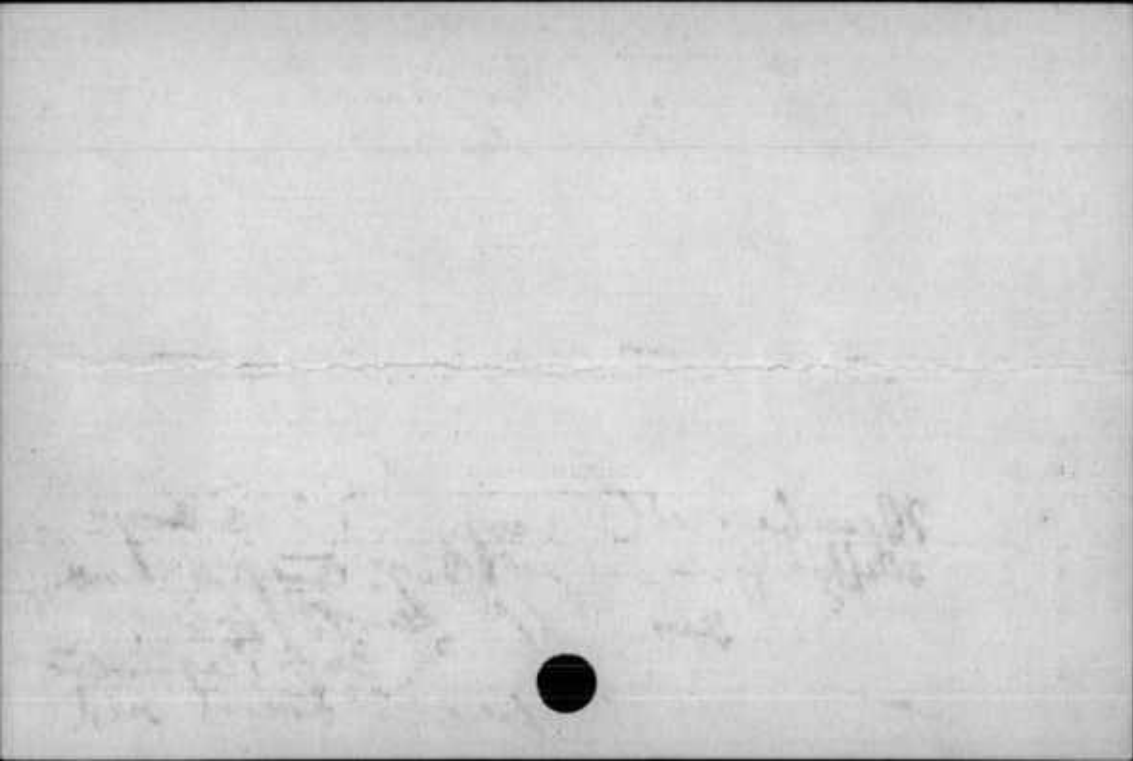
*Yes*

Signature of Physician

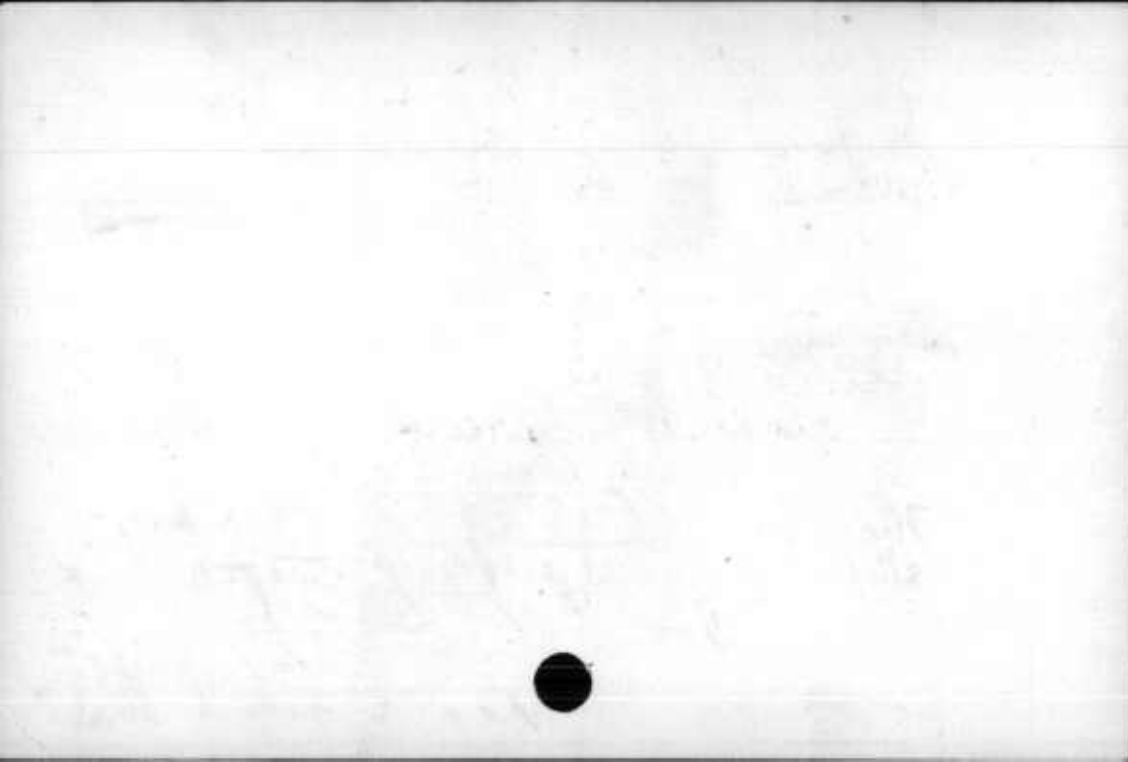
*Robert Ellingood*

Address

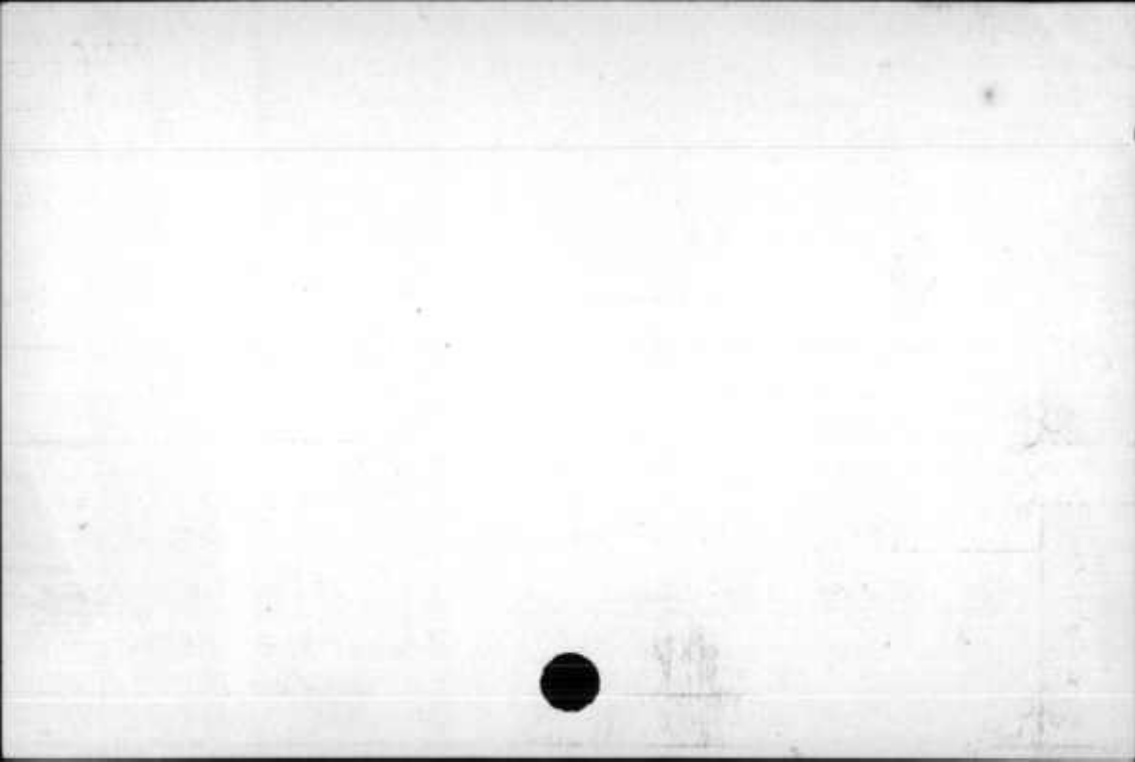
*Delmar**See*Ascertained by *~~~~~*



Name in Full		Carrie A. Green				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		TOWN		COUNTY		MARYLAND		
		Died at		Towson		Baltimore		
		Date of death		1908	Jan	30	Age	2
		Month		Day	Years	Months	Days	
		Sex		Female	Color or Race	White	Birth-place	md
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
		Robert E. Green				md		
		Lula B. Pak				md		
		Robert E. Green				Father		
		CAUSES OF DEATH				⑨		
PHYSICIAN OR CORONER		Primary				How long		
		Membrane Croup				3 days		
		Immediate				How long		
		Shifted from one side to other				Cerebral Comp.		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				Address		
		Sub Registrar				Seal of Court md.		
		Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
Sallie Hammond		Town		County	
Died at Near Parsonsburg		Wicomico		MARYLAND	
Date of death 1908		Month Jan	Day 24 <sup>th</sup>	Years 55	Months
Sex Female		Color or Race White		Birth-place Wicomico Co. Md.	
Occupation Housekeeper		Where Residing if not at place of death Wicomico Co.			
Married, Single or Widowed Married		Name of Wife or Husband John T. Hammond			
Father's Name Leank		Father's Birthplace Maryland			
Mother's Maiden Name Rhoda Leank		Mother's Birthplace "			
Name of person giving information J. M. Holloway		How related to deceased None			
		CAUSES OF DEATH		120	
Primary Chronic Bright's Disease		How long Several months			
Immediate Unknown		How long Several weeks			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Louis C. Deane, M.D.			
		Address Salisbury, Md.			
Accident or Suicide?					



Name  
in  
Full

Rulpa G Henry

## CERTIFICATE OF DEATH

MARYLAND

Died at

Salisbury

Town

Wicomico

County

Date

1906

9 pm

Month

24

Day

Age

Years

Months

7

28

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Salisbury Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Edward A Henry

Father's  
Birthplace

Md

Mother's  
Maiden Name

Bessie Howard

Mother's  
Birthplace

Md

Name of person giving  
information

Edward A Henry

How related  
to deceased

Father

## CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

Sharp -

Immediate

Same -

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. C. Trull

Address

Salisbury

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mr.  
Hollway & Co



Name  
in  
Full

Martha E Jenkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chapin</i> <small>Town</small>		<i>Wisconsin</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>76</i> <small>Years</small>	<i>12</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Nel</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>		Name of <del>Wife</del> or Husband <i>Noah F. Jenkins</i>			
Father's Name <i>Daniel B. Farlow</i>			Father's Birthplace <i>Nel</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace		
Name of person giving information <i>Mabel Hastings</i>			How related to deceased <i>Granddaughter</i>		

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary <i>Lead suddenly</i>	How long
Immediate <i>Supposed Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Adams</i>
<i>No Doctor</i>	Address
Accident or Suicide?	

MAILED  
JAN 10 1900

MAILED  
JAN 10 1900

Name  
in  
Full

Lorisa A Ken

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Delmar</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1908	Month	Jan	Day	16
Age	88	Years		Months	11
Sex	Female	Color or Race	White	Birth-place	Salisbury Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widow					
Father's Name		Daniel Davis			
Mother's Maiden Name		Eleanor Bell			
Name of person giving information		J.K. Slawson			
Father's Birthplace		Maryland			
Mother's Birthplace		Maryland			
How related to deceased		Grandson			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *General Debility*

Immediate *General Debility*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Robert Ellgood M.D.

Address

Delmar Del

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

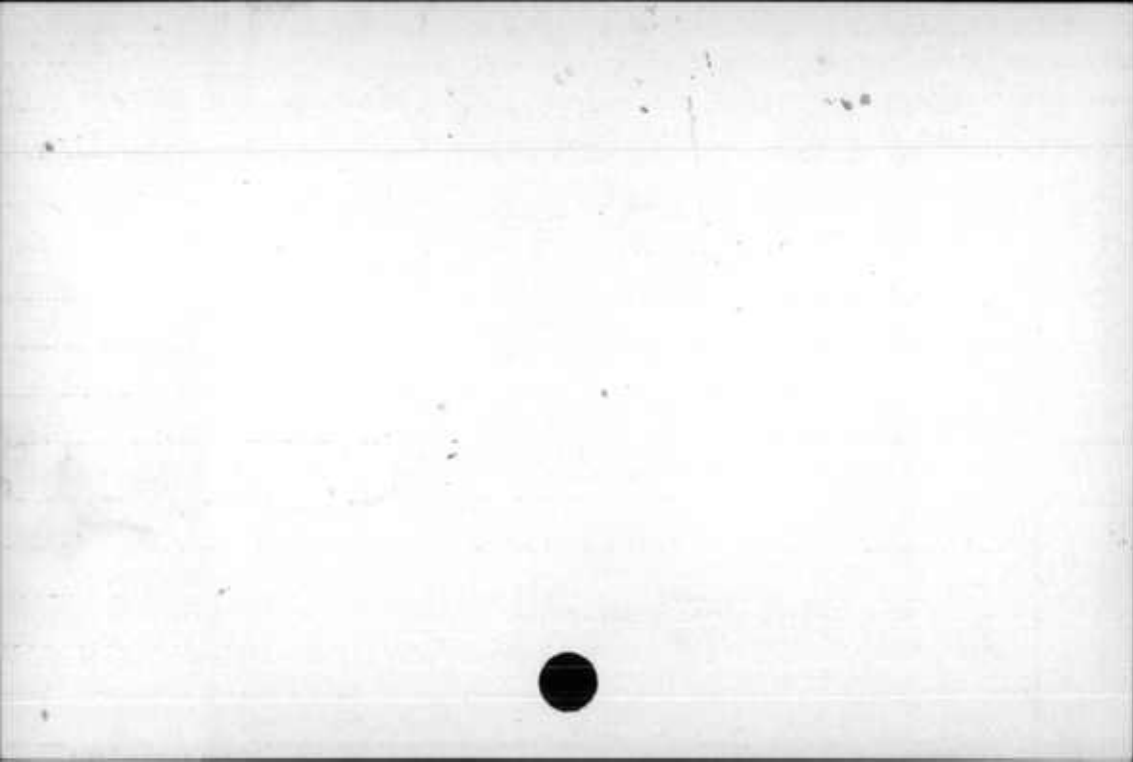
Died at		Salisbury P.G. Hospital		County		Wicomico		MARYLAND	
Date of death	1908	Month	Jan.	Day	13	Years	60	Months	3
Sex	Male		Color or Race	White		Birth-place	Wicomico Co. Md.		
Occupation	Carpenter		Where Residing if not at place of death		Quantico Md.				
Married, Single or Widowed	Married		Name of Wife or Husband	Reetta G. Langsdale					
Father's Name	Robert Langsdale		Father's Birthplace	Maryland					
Mother's Maiden Name	Biddy Bounds		Mother's Birthplace	" "					
Name of person giving information	Reetta G. Langsdale		How related to deceased	Wife					

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	Intestinal obstruction		How long	2 days	
Immediate	Ruptured bowel; general peritonitis		How long	10 hours	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Myerick	
Address	Salisbury Md.				
Accident or Suicide?	No				



Name  
in  
Full

Infant no name; Lank;

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

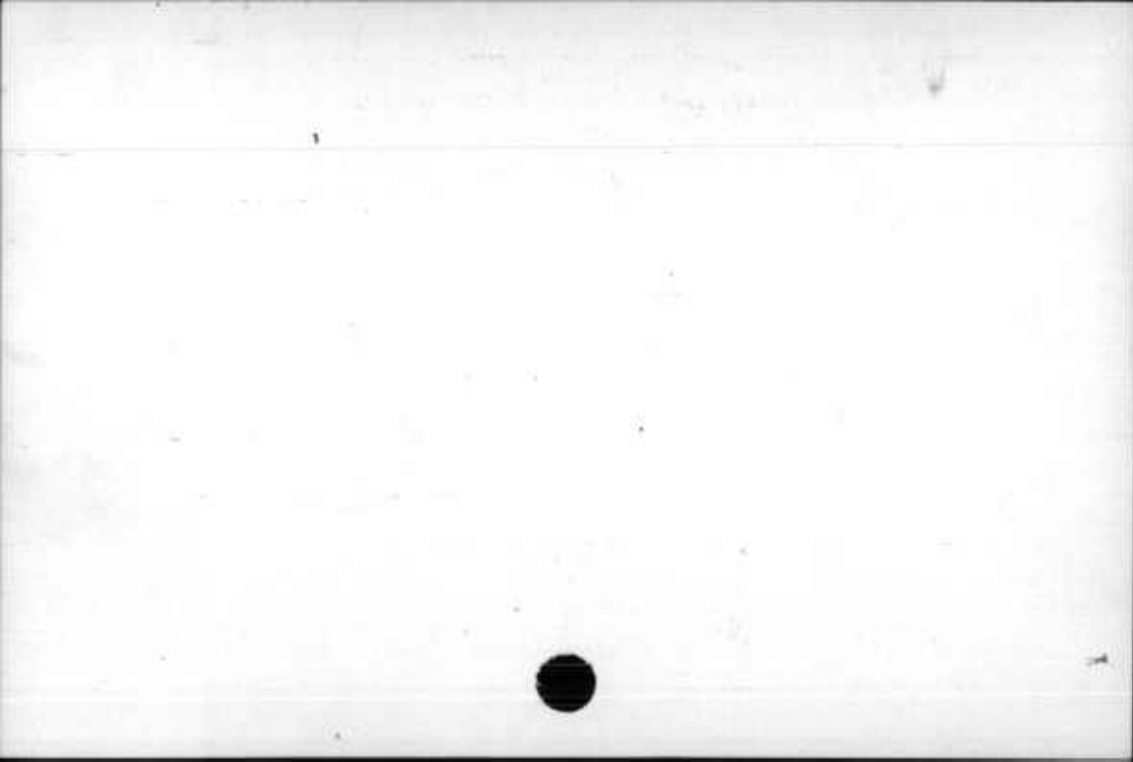
Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1908	Month	Apr	Day	29
Sex <u>male</u>		Color or Race <u>White</u>		Age	Years Months Days
Occupation <u>none</u>		Birth-place <u>Salisbury Md</u>		Where Residing if not at place of death <u>Salisbury Md</u>	
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>John E Lank</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>May Collins</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>John E Lank</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Permeation of blood</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Conrad W. ...</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	





Name  
In  
Full

CERTIFICATE OF DEATH

*Attaline Lankford*

Town

County

MARYLAND

Died at *Salisbury*

*Wicomico*

Months

Days

Date

of death *1908*

Month

*Jan.*

Day

*23rd*

Years

Age

*74*

*2*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Worcester Co. Md.*

Occupation

*Housekeeper*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

*George H. Lankford*

Father's  
Name

*Whittington Posey*

Father's  
Birthplace

*Worcester Co. Md.*

Mother's  
Maiden Name

*Susan Lankford*

Mother's  
Birthplace

*Somerset Co. Md.*

Name of person giving  
information

*Wm. H. Boulds*

How related  
to deceased

*Nephew*

CAUSES OF DEATH

*10*

Primary

*Chronic Heart Disease, Lungs*

How long

*several years*

Immediate

*Lungs, or Drain of lungs, died suddenly*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*Louis W. Davis M.D.*

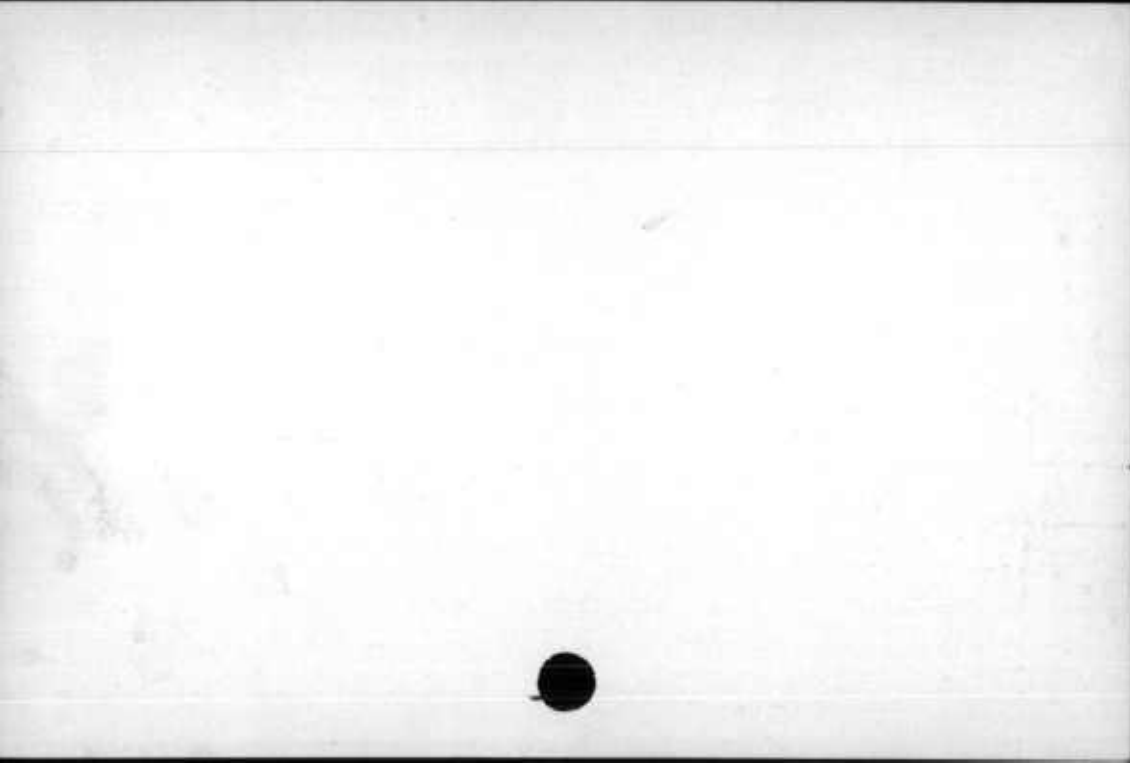
*Salisbury*

*Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary E McAlister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>5</i>	Age Years <i>22</i>	Months <i>7</i> Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Greenbury McAlister</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Eliza E Baker</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Silvester McAlister</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>about one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name  
in  
Full

Sarah A. Marris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>near</sup> <i>Parsonsburg</i> Town		<i>Wroomed</i> County		MARYLAND	
Date of death 1900 <i>8</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>12</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>School Girl</i>		
Name of Wife or Husband					
Father's Name <i>Lason A. Marris</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Annie C. Layton</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Father L. A. Marris</i>			How related to deceased		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy, I suppose</i>	How long <i>Died Instantly</i>
Immediate <i>Fell and died in 3 or 5 minutes</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Geo. St. Truite</i>
<i>Wicomico Co.</i>	Address <i>Parsonsburg Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ava Lee Phrippin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

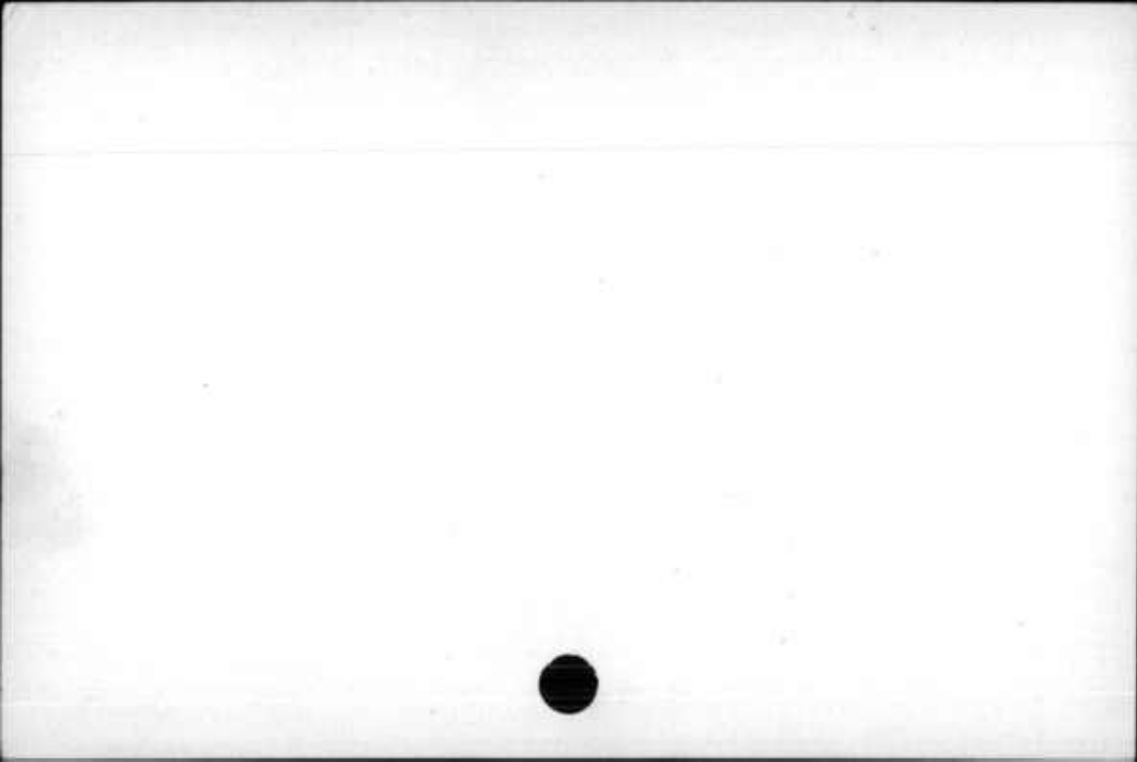
Died at		Town Mellman		County Wicomico		MARYLAND	
Date of death		1908	Month 1	Day 19	Age 1	Months 1	Days 7
Sex Male		Color or Race White		Birth place Delmar, Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Minos Barton Phrippin				Father's Birthplace Delaware			
Mother's Maiden Name Clie Hearn				Mother's Birthplace Delaware			
Name of person giving information Minos Barton Phrippin				How related to deceased Father			

## CAUSES OF DEATH

93

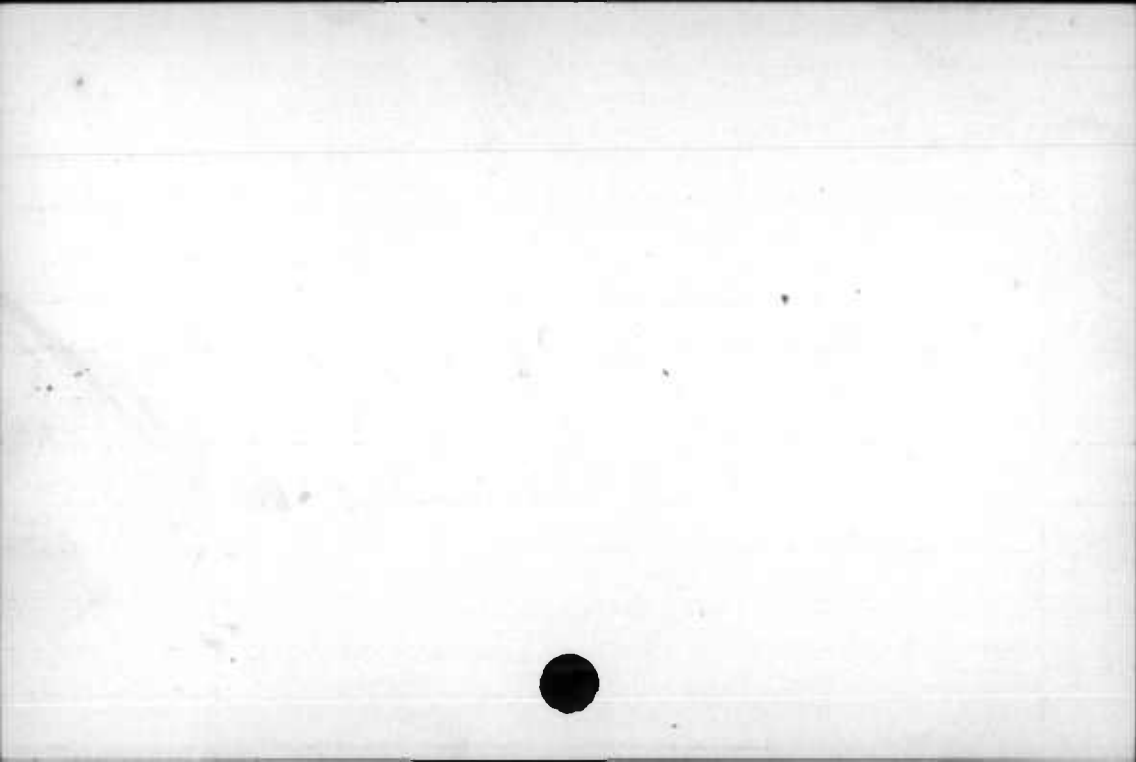
PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	14 days
Immediate	Convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		James Brayshaw	
Address		Delmar	
		Delaware	
Accident or Suicide?			

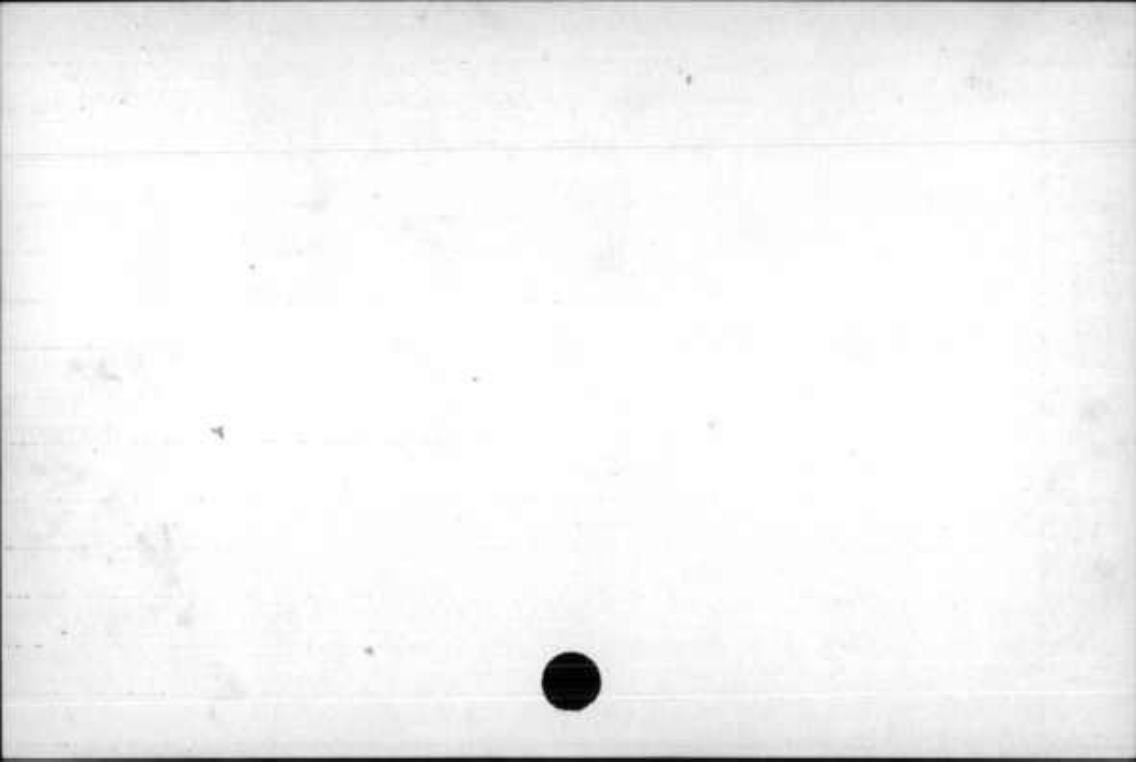




Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Smithland</i> Town		<i>Wicomico</i> County		MARYLAND
	Date of death	<i>1908</i>	Month <i>Jan.</i>	Day <i>16<sup>th</sup></i>	Age <i>35</i> Years
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Wicomico Md</i>	Months Days
	Occupation <i>Schoolgirl</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>			
	Father's Name <i>W. M. Pryor</i>	Father's Birthplace <i>" " "</i>			
	Mother's Maiden Name <i>Martha W. Crouch</i>	Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Frank S. Cathell</i>	How related to deceased <i>None</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>		<i>Two months</i>	
	Immediate	<i>Exhaustion</i>		<i>Short time</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. H. Todd</i>		
	Address <i>Salisbury Md</i>				
Accident or Suicide?					



Name in Full		Charles Pullitt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Salisbury		County	
		Town		Wicomico		MARYLAND	
		Date of death		1908		Month	
		Jan.		Day		Years	
		14 <sup>th</sup>		Age		90	
		Sex		Male		Color or Race	
		Gold		Birth-place		Salisbury Md.	
Occupation		Minister of the Gospel		Where Residing if not at place of death			
Married, Single or Widowed		Widower		Name of Wife or Husband		Sarah A. Pullitt	
Father's Name		Frost Pullitt		Father's Birthplace		Wicomico Co. Md.	
Mother's Maiden Name		Easter Morris		Mother's Birthplace		" " "	
Name of person giving information		C. W. Pullitt		How related to deceased		Son	
		CAUSES OF DEATH		154			
PHYSICIAN OR CORONER		Primary		How long			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. A. H. Jones	
				Address			
		Accident or Suicide?					



Name  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>Jan</u>	Day	<u>21</u>
Age	<u>1</u>	Years	<u>3</u>	Months	<u>10</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birthplace	<u>Salisbury Md</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>John H. Smith</u>			Father's Birthplace	<u>Del</u>
Mother's Maiden Name	<u>John B. Driscoll</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>John H. Smith</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary

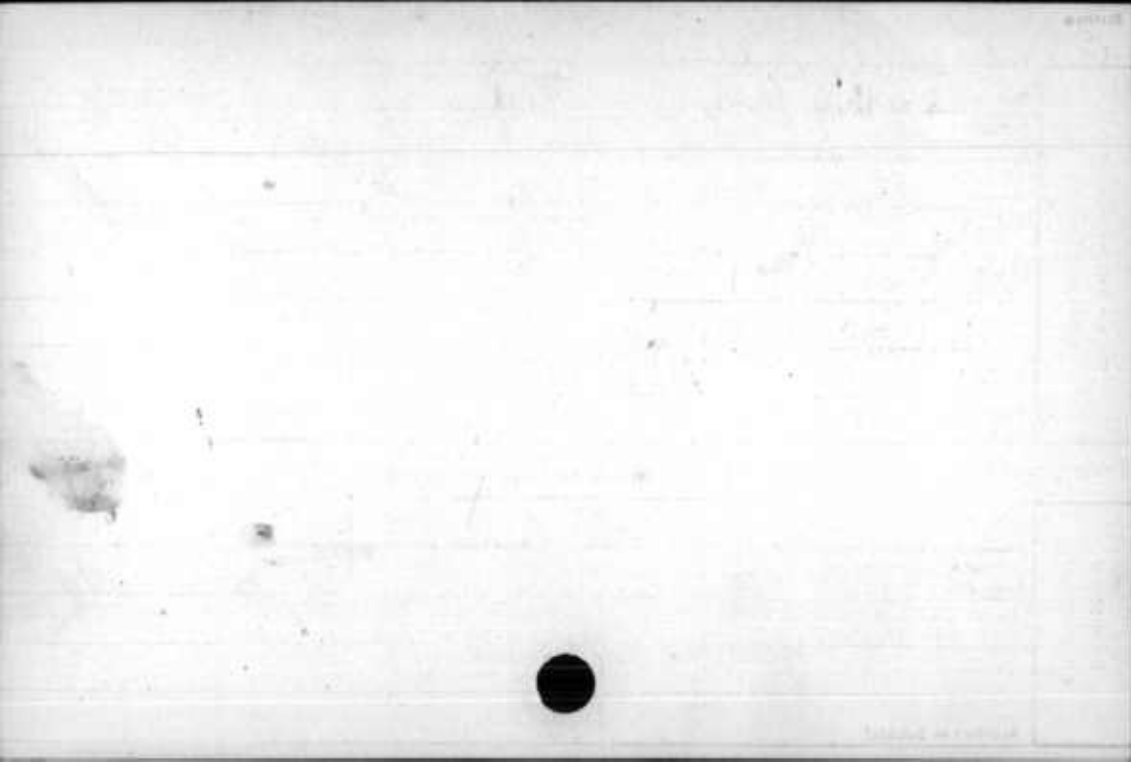
Immediate

Are the name, age, sex, color, date and place correctly given above?

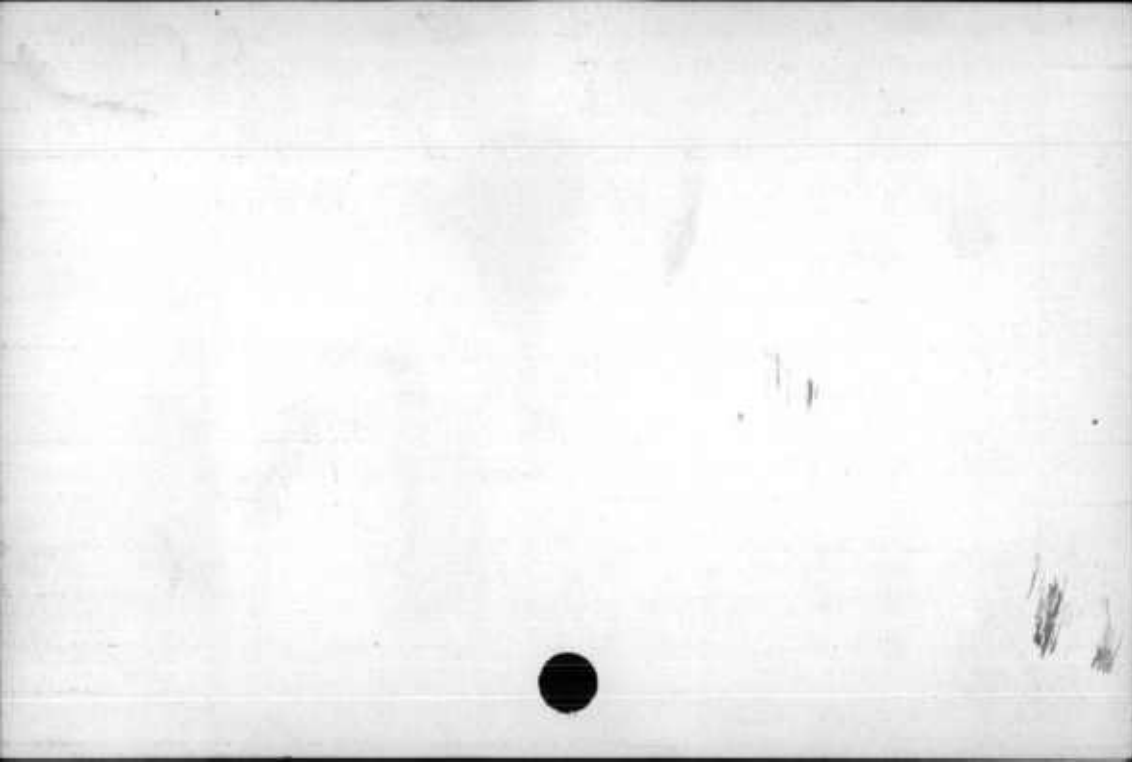
Signature of Physician

Address

Accident or Suicide?

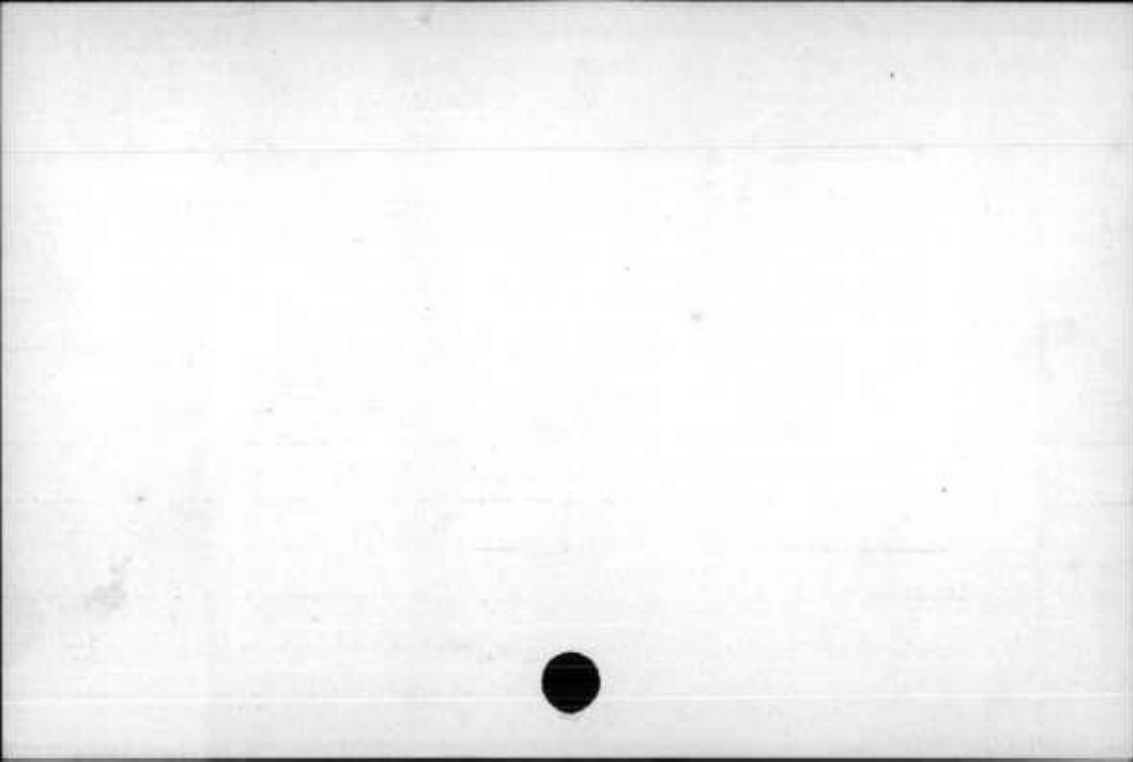


Name In Full		Town				County		State	
Wilbur L. Smith		Salisbury		Wicomico		MARYLAND			
Died at		Date of death		Month		Day		Age	
1908		Jan.		2		ord.		0	
Sex		Color or Race		Birth-place		Months		Days	
Male		White		Salisbury Md.		1		12	
Occupation		Where Residing if not at place of death							
None		Salisbury Md.							
Married, Single or Widowed		Name of Wife or Husband							
Single		None							
Father's Name		Father's Birthplace							
Wilbur L. Smith		Salisbury Md.							
Mother's Maiden Name		Mother's Birthplace							
Kinnie M. Disharoon		"							
Name of person giving information		How related to deceased							
Wilbur L. Smith		Father							
		CAUSES OF DEATH							
		151							
Primary		How long							
Premature birth		6 weeks							
Immediate		How long							
Malnutrition & heart failure		1 week or more							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
yes		Louis W. Gibson M.D.							
		Address							
		Salisbury							
Accident or Suicide?									





Name in Full		Eason P. Tilghman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near Salisbury <sup>Town</sup>		Wicomico <sup>County</sup>		MARYLAND	
	Date of death	1908	Jan.	8 <sup>th</sup>	Age	52	Months 1
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Farmer		Where Residing if not at place of death		Wicomico Co. Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Louise Tilghman	
	Father's Name	Littleton Tilghman		Father's Birthplace		" " "	
	Mother's Maiden Name	Mary P. Elliott		Mother's Birthplace		"	
	Name of person giving information	Elyah J. Tilghman		How related to deceased		Son	
				CAUSES OF DEATH		(93)	
PHYSICIAN OR CORONER	Primary	Acute Pneumonia & alcoholism				How long 9 days	
	Immediate	Toxaemia				How long 9 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?				Address Salisbury Md.		



Name

In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

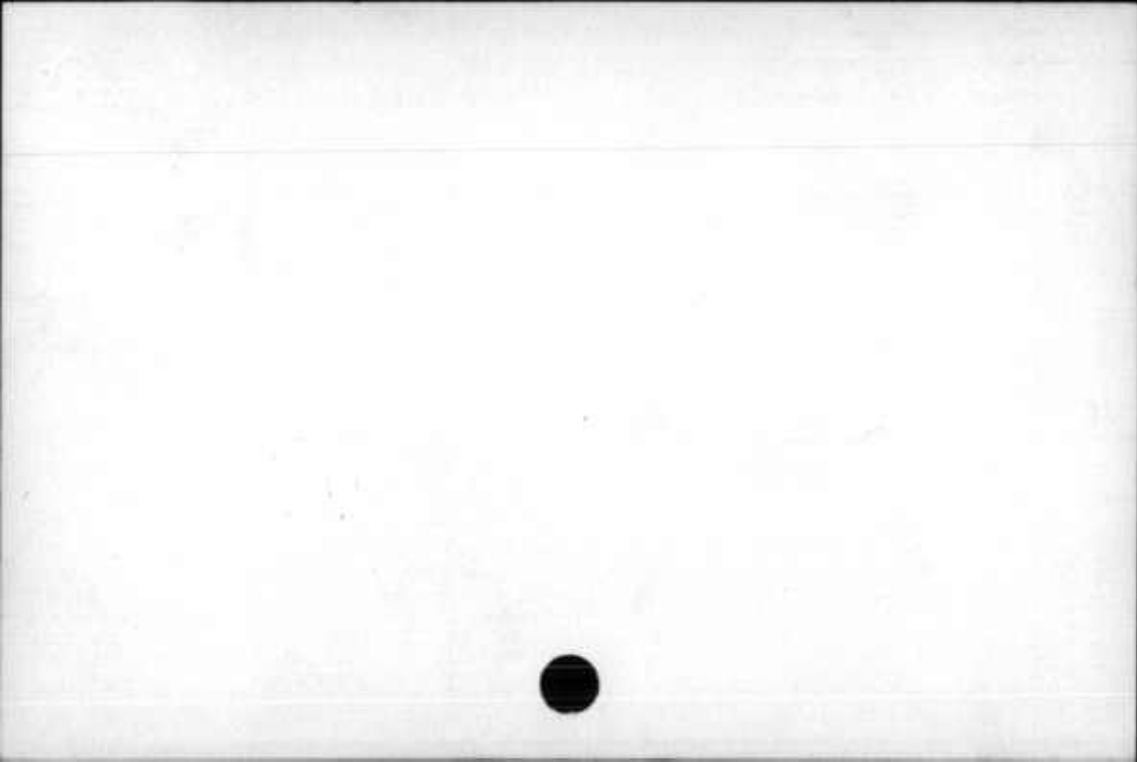
Died at		Town <i>Mardela</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death	1908	Month <i>1</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Md</i>
Occupation	<i>—</i>			Where Reading if not at place of death <i>—</i>			
Maid, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Joseph Venable</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>May Walter</i>				Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Joseph Venable</i>				How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Heart failure</i>		How long	<i>5 weeks</i>
Immediate	<i>Heart failure</i>		How long	<i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>J. L. English coroner</i>
			Address	<i>Mardela spg Md</i>
Accident or Suicide?	<i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

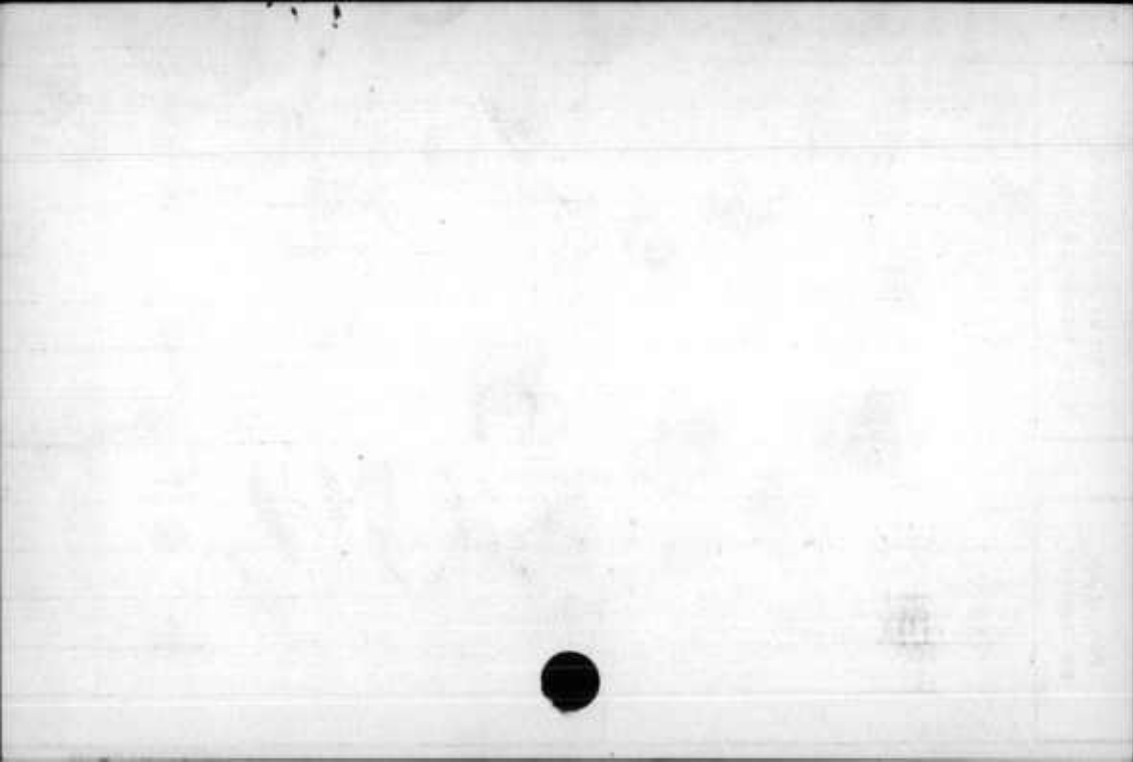
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>27</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Ballard W Waller</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lenora Brittingham</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Ballard W Waller</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>6 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. H. Clemens</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E. Wilkins</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		State <i>Maryland</i>	
Date of death <i>1908 Jan 20</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>82</i>	Years <i>82</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Del.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Wilkins</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>J. J. Wilkins</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

81

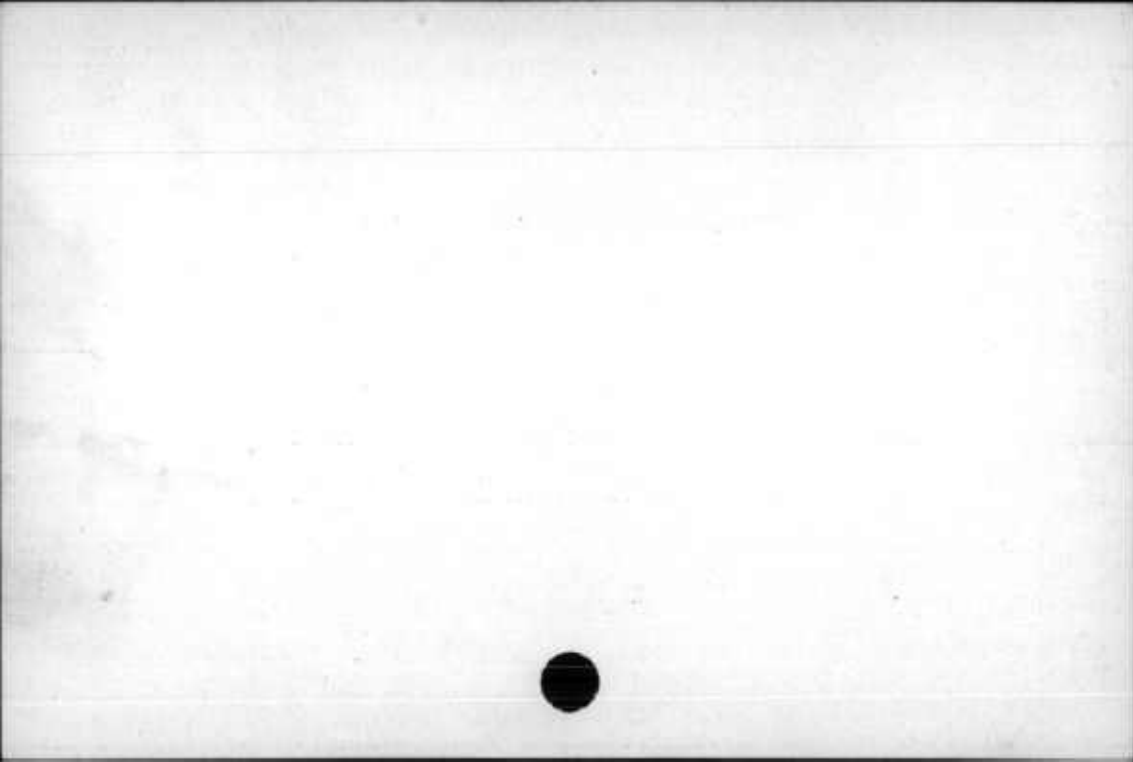
PHYSICIAN  
OR CORONER

Primary <i>Senile Arterio Sclerosis</i>	How long <i>several years</i>
Immediate <i>Senile Emaciation &amp; heart failure</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Wilkins M.D.</i>
	Address <i>Blackburg</i>
Accident or Suicide?	

For Holloway Geo



Name In Full <i>Ann. Elizabeth Williams</i>		CERTIFICATE OF DEATH	
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>	
Date of death <i>1908</i> <sup>Month</sup> <i>Jan</i> <sup>Day</sup> <i>16<sup>th</sup></i>		Age <i>71</i> <sup>Years</sup> <i>3</i> <sup>Months</sup> <i>17</i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>White</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel T. Williams</i>	
Father's Name <i>James M. Hooks</i>		Father's Birthplace <i>Worcester Co. Md.</i>	
Mother's Maiden Name <i>Maria Hooks</i>		Mother's Birthplace <i>" " "</i>	
Name of person giving information <i>Mrs. Ida T. Trader</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px; float: right;">10</span>			
Primary <i>Chronic Bright Disease</i>		How long <i>several years</i>	
Immediate <i>Salinifer - Hematuria</i>		How long <i>3 or 4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Seay's M.D.</i>	
Address <i>Salisbury Md.</i>			
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Dranville</i>		County <i>Prismine</i>		MARYLAND	
Date of death <i>1902</i>	Month <i>Jan</i>	Day <i>23</i>	Years <i>23</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Dranville</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married: Single or Widowed	Name of Wife or Husband				
Father's Name <i>Samuel Spryly</i>	Father's Birthplace <i>Dranville</i>		Mother's Birthplace <i>Prismine</i>		
Mother's Maiden Name <i>Karahiel Spryly</i>	Name of person giving information <i>Robert D. Thomas</i>		How related to deceased <i>brother-in-law</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Subsultion of both lungs</i>	How long <i>about 3 years</i>
Immediate <i>Respiratory failure</i>	How long <i>four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Spryly</i>
	Address <i>Dranville</i>
	<i>Maryland</i>
Accident or Suicide?	

